

215037944
60689

State of Nebraska
Investigator's Motor Vehicle Accident Report

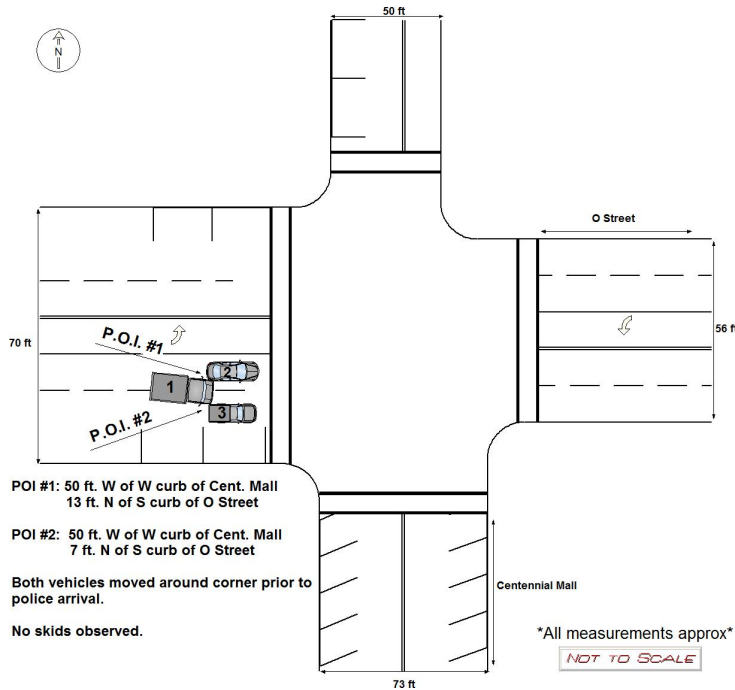
Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 079	Agency Case No. B5-086465	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/17/2015		TIME OF ACCIDENT 2215	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2217	09/18/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 'O' Street; 14th to Centennial Mall		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	50.00		X W curb of Cent. Mall			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	1					
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	053542653		STATE (Of License)	GA	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	BRYANT L DUWHITE		PHONE	678-913-9746	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/19/1988	
2	OWNER	UHAUL OF ARIZONA		PHONE	602-263-6502	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB	
4	2727 N Central Ave, Phoenix, AZ 85004					
H	LICENSE PLATE	PA NO.	AG31366	YEAR (Plate Expires)	2016	STATE (Of Plate) AZ
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
2	2014	GMC	TG33	Full size van	white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2500
V2/O	VEHICLE ID NO. (VIN)	1GDY72CA6E1918766		INSURANCE COMPANY	Unknown	
2	TOWED TO	TOWED BY		POLICY NO.	Unknown	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H13463224		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER	HAILY E SAIN		PHONE	402-314-1694	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/05/1995	
1	OWNER	HAILY SAIN / RODNEY SAIN		PHONE	402-314-1694	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
01	741 LAKESIDE #303, LINCOLN, NE 68528					
V1/Q	LICENSE PLATE	PA NO.	SPI472	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
4	2009	Acura	TSX	4 door Sedan	red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
01	VEHICLE ID NO. (VIN)	JH4CU26649C033831		INSURANCE COMPANY	PROGRESSIVE	
K	TOWED TO	TOWED BY		POLICY NO.	902742099	
01						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS			Seat Position	Eject
1	BRYANT L DUWHITE TRANSIENT,			12/19/1988	01	1
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
					N/A	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086465



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of V1, Duwhite, was EB on O Street between 14th and Centennial Mall when he swerved between lanes and collided first with V2 and then V3. D1 stated he did not remember what happened and had a minor cut on his forehead above his right eye. Driver of V2, Sain, stated she was EB on O St, stopped at the light with Centennial Mall in the inside lane when she was struck from behind by V1. Driver of V3, Rasmussen, stated he was EB on O St, also stopped at the light with Centennial Mall but in the outside lane when he observed V1 collide with V2 in his mirror and then felt V1 collide with his vehicle. Upon contact, D1 appeared impaired and under the influence of drugs/alcohol. D1 showed impairment during SFSTs, but provided a BAC of .000 on the PBT and on chemical test. DRE determined narcotics to be source of impairment. D1 cited/released for DUI, Negligent Driving, and No License on Person.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	2		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2						Driver No. 1	1	Driver No. 2	2		
1			X		O St	POINT OF IMPACT	08	POINT OF IMPACT	04	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING	Y	X	Y	Y	
2			X		O St	MOST DAMAGED AREA	08	MOST DAMAGED AREA	04	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL LEVEL TESTED	N		N	X	N
1	01	06 Turning left												BAC LEVEL	.000				
2	11	08 Entering traffic lane												ALCOHOL/ DRUGS SUSPECTED	3		1		
01 Essentially straight ahead					09 Leaving traffic lane	00 None		02 03 04		VEHICLE 2		VEHICLE 2		1 Neither alcohol nor drugs suspected					
02 Backing					10 Parked	09 Top & windows		01 05		4		2		2 Yes - alcohol suspected					
03 Changing lanes					11 Slowing or stopped in traffic	10 Undercarriage		08 07 06		4		2		3 Yes - drugs suspected					
04 Overtaking/ Passing					12 Other	11 Total (all areas)				4		2		4 Yes - alcohol & drugs suspected					
05 Turning right					13 Unknown	12 Other				4		2		5 Unknown					

OFFICER NO. 1729	TROOP/ TEAM/ BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Andrew Gallagher		INVESTIGATOR SIGNATURE Approved by Ofc Andrew Gallagher	DATE OF REPORT 09/18/2015

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

079

Agency
Case
No.

B5-086465

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

09/17/2015

PLACE
OF
ACCIDENT
CITY

COUNTY

Lancaster

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 'O' Street; 14th to Centennial Mall

VEH. #	VEHICLE NO. 3										VEH. #		
3	DRIVER LICENSE NO.		G02171650				STATE (Of License)		NE	SEX	<input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	3	
M	DAVID M RASMUSSEN						PHONE		402-416-9948		LOCAL NO.	1.	
N	1444 DAKOTA ST, LINCOLN, NE 68502						DATE OF BIRTH (MM / DD / YYYY)		04/28/1957			2.	
O	DAVID M RASMUSSEN						PHONE		402-416-9948		LOCAL NO.	3.	
P	1444 DAKOTA ST, LINCOLN, NE 68502						CITATION		<input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.	4.	
Q	LICENSE PLATE		TE		NO.		YEAR (Plate Expires)		2016		STATE (Of Plate)	NE	5.
4	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR	ESTIMATED DAMAGE	18
			1996		Chevrolet		S10		Pickup truck		black	<input type="radio"/> TOTALED \$ 50	
	VEHICLE ID NO. (VIN)						1GCDT19W2T8127716						6.
	TOWED TO						TOWED BY						25
							POLICY NO.						
							0630-7616-03-74-FPPA-NE						

VEH. #	VEHICLE NO. 4										VEH. #		
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4	
M	DRIVER						PHONE				LOCAL NO.	1.	
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.	
O	OWNER						PHONE				LOCAL NO.	3.	
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION		<input type="radio"/> YES <input type="radio"/> NO		4.
Q	LICENSE PLATE		NO.				YEAR (Plate Expires)				STATE (Of Plate)		5.
	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR	ESTIMATED DAMAGE	
												<input type="radio"/> TOTALED \$	
	VEHICLE ID NO. (VIN)												6.
	TOWED TO						TOWED BY						
							POLICY NO.						

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 1 VEH 4				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												ALCOHOL TESTING			
3			X		O St												Driver No. Driver No.			
4																	ALCOHOL LEVEL TESTED			
3	11				06 Turning left												BAC LEVEL			
4					07 Making U-turn												ALCOHOL/ DRUGS SUSPECTED			
					08 Entering traffic lane												Driver No. Driver No.			
					09 Leaving traffic lane												1 3			
					10 Parked												4 4			
					11 Slowing or stopped in traffic												1 Neither alcohol nor drugs suspected			
					12 Other												2 Yes - alcohol suspected			
					13 Unknown												3 Yes - drugs suspected			
																	4 Yes - alcohol & drugs suspected			
																	5 Unknown			

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F
VEH. #	NAME				ADDRESS						Seat Position	Eject	Body Region	Injury Sev.	Trans.		
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.						
VEH. #	NAME				ADDRESS												
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.						
VEH. #	NAME				ADDRESS												
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.						

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-086465

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1729		TROOP/ TEAM/ BEAT 11		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Andrew Gallagher			INVESTIGATOR SIGNATURE Approved by Ofc Andrew Gallagher		DATE OF REPORT 09/18/2015